

LIVERPOOL HOSPITAL EMERGENCY DEPARTMENT – AIRWAY CHECKLIST

PREPARATION

ROLES ALLOCATED

- Team leader and Scribe
- Airway doctor (1 and 2) and nurse
- Airway assistant (ELM, MILS)
- Drug administrator

CHECK

HELP AWARE?

- EDSS, Anaesthetics, ICU

CHECK

MONITORING

- ECG, SpO₂, NIBP q2min
- EtCO₂ (in circuit, waveform seen)

CHECK

EQUIPMENT

- BVM (O₂ on, bag inflating)
- PEEP valve
- Nasal prongs
- Suction (under pillow)
- Adjuncts (OPA + 2x NPAs)
- Laryngoscope (*direct vs video*)
**Blade type checked, light on.*
- Bougie (colour chosen)
- ETT (size selected, cuff tested)
**Alternate size available.*
- 10mL syringe & tube tie
- Ventilator checked

CHECK

PATIENT

POSITION OPTIMISED

Ear to Sternal Notch
Face plane parallel to ceiling

Special groups:

- Trauma: Occipital pad + MILS
- Infant: Shoulder roll
- Obesity: Ramped
- Pregnancy: Wedge (left lateral)

CHECK

PREOXYGENATION OPTIMISED

- BVM+PEEP vs NRBM
- Consider NIV/CPAP/BiPAP

CHECK

APNOEIC OXYGENATION

- Nasal prongs applied

CHECK

HAEMODYNAMICS OPTIMISED

- IV access x2
- Fluid on pump set (runs easily)

CHECK

Shocked or unstable?

YES/NO?

If YES consider:

- Adequate fluid loading?
- Push-dose 'pressors or infusion?
- Consider arterial line pre-RSI.

CHECK

PLANNING

AIRWAY ASSESSMENT PERFORMED

YES/NO?

PREDICTED DIFFICULTY?

YES/NO?

If YES consider:

- Hyperangulated blade with premoulded bougie/stylette
- "Double setup"
Locate & mark cricothyroid
- Needle cric < 8 years
- Contacting Anaesthetics

CHECK

AIRWAY PLAN VERBALISED

Refer to back of checklist

- Plan A incl. 30sec drills
- Plan B
- Plan C + failed airway plan
- Plan D + CICO plan

CHECK

RESCUE AIRWAY DEVICES

- LMA (size chosen)
- Difficult airway trolley available
- Surgical airway kit located

CHECK

DRUGS + INDUCTION

PREMEDICATION INDICATED

YES/NO?

INDUCTION DRUGS CHOSEN + DOSES VERBALISED

- Relaxant dosing:**
- Rocuronium 1.5mg/kg
 - Suxamethonium 1.5mg/kg

Shocked patient?

- Reduce sedative dose!
- Increase paralytic dose
- Preload optimised?
- Pressors prepared/running?

CHECK

ONGOING SEDATION CHOSEN + AVAILABLE?

CHECK

ANY FINAL QUESTIONS OR CONCERNS?

YES/NO?

**** PROCEED WITH INDUCTION ****

DIFFICULT AIRWAY & 'Can't Intubate, Can't Oxygenate' (CICO) PLANS

Please consider this a **STARTING POINT** only. Modify this sequence for the **PATIENT IN FRONT OF YOU**.



CMAC or DIRECT LARYNGOSCOPY

Use **BOUGIE** for all intubations

30 SECOND DRILLS

- External Laryngeal Manipulation (ELM)
- Lift epiglottis
- Lift head
- Change position
- Change operator

ABANDON PLAN if SpO₂ <93%
+ **FOCUS** on **OXYGENATION**

RE-OXYGENATE

2-3min before next attempt

CMAC

If not used in Plan A

D-BLADE + PRE-FORMED BOUGIE

If CMAC used in Plan A

ABANDON INTUBATION

If >2 attempts + SpO₂ <93%

FOCUS ON OXYGENATION

BVM + 2xNPA + OPA +
2x person technique

LMA insertion

- 2nd generation device
- Size 4/5 in adults
- Attempt oxygenation

*If unable to intubate or
oxygenate*

DECLARE "CICO" TO TEAM

+

CALL FOR HELP

+

PROCEED TO PLAN D

ANTERIOR NECK APPROACH

Cricothyroid Membrane (CTM)
identified with non-dominant
hand

- **SCALPEL**
- **FINGER**
- **BOUGIE**
- **SIZE 6.0 ETT**

If child <8 years:

NEEDLE CRIC